

HEPARIN for Non-Traditional Clients

Patient name: _____ Medicaid or SS# _____
Physician Name: _____ Contact person: _____
Phone#: _____ Ext. and options _____ Fax # _____
Pharmacy _____ Pharmacy Phone#: _____

Fax this completed form to (801) 536-0477.
Information provided must be legible and correct.

TELEPHONE AUTHORIZATION (801) 538-6155:

CRITERIA:

- ▶ PRE-OPERATIVE for 3 days only for patients who must stop coumadin prior to surgery.
- ▶ POST- OPERATIVE for patients to be regulated on coumadin for 5 days only.
- ▶ POST operative prevention of DVT in patients with below and including abdomen surgeries, (i.e., hip, Acute knee, & ankle, not including foot and toes. (Max. 10 days).
- ▶ DVT/PE treatment in conjunction with coumadin regulation and treatment. (Max. 10 days)
- ▶ Unstable Angina: ischemic complications in unstable angina and non-Q-wave MI patients on concurrent aspirin therapy. (Max. 10 days)
- ▶ Prophylaxis or treatment of active DVT/PE in pregnancy.
- ▶ Treatment or secondary prevention of DVT/PE in cancer patients (authorized for 12 months).

RE-AUTHORIZATION:

Based on INR. Considered on an individual basis.

CRITERIA FOR PREGNANCY:

DOCUMENTATION FROM PROGRESS NOTES WITH ONE OF THE FOLLOWING DIAGNOSIS TO (801) 536-0477:

- ▶ Past history of DVT/PE, **or**
- ▶ Active DVT/PE, **or**
- ▶ Known hypercoagulability